

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-036346**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**8772**

**FILED SEP 17 1962**

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN *St. Louis*

Length of stay in lb

*34 yrs.*

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION *3829 Lafayette*

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Mo.*

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN *St. Louis*

d. STREET ADDRESS (If outside, give location)  
*3829 Lafayette*

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

*Margaret Jean Keitz*

4. DATE OF DEATH

*9/8/62*

5. SEX

*F*

6. COLOR OR RACE

*W*

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

*1/15/1928*

9. AGE (last birthday)

*34*

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Secretary*

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

*St. Louis Mo.*

12. CITIZEN OF WHAT COUNTRY

*U.S.A.*

13a. FATHER'S NAME

*Albert Keitz*

13b. MOTHER'S MAIDEN NAME

*Margaret John*

14. NAME OF HUSBAND OR WIFE

*—*

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of serv)

*no*

16. SOCIAL SECURITY NO.

*[Redacted]*

17. INFORMANT

*Mr. Al Keitz 3829 Lafayette*

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Carcinoma of Breast*

INTERVAL BETWEEN ONSET AND DEATH

*2 years*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*Metastases to liver*

DUE TO (c)

*170X*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *May 1960* to *9/8/62* and last saw her alive on *9/8/62*  
Death occurred at *5:30 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

*Robert Potashnick MD*

Degree or title

22b. ADDRESS

*3720 Washington*

22c. DATE SIGNED

*9/10/62*

23a. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

23b. DATE

*Sept. 12, 1962*

23c. NAME OF CEMETERY OR CREMATORY

*Calvary*

23d. LOCATION (City, town, or county)

*St. Louis Mo.*

(State)

24. FUNERAL DIRECTOR

*Jos. A. Howard 1619 So. Grand*

ADDRESS

25. DATE RECD. BY LOCAL REG.

*SEP 11 1962*

26. REGISTRAR'S SIGNATURE

*Walt Smith. M.D.*

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

*21*

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*90*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. W. Dambley*

Licensed Embalmer No.

*3653*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.